



# CITY OF SANTA ANA BUILDING PERMIT WORKSHEET

PLEASE PRINT

CBC 2022 APP-01

PROJECT ADDRESS:		SUITE:		SAPIN #	
USE OF BUILDING:				MASTER ID#	
NATURE OF WORK: (Circle one) NEW ADD ALTER/T.I. DEMO REROOF REPAIR SIGN MISC					
NEW/ADDITION/ALTERATION:					
1ST FLOOR: _____ SF		BASEMENT: YES/NO _____ SF		NO. OF STORIES: _____	
2ND FLOOR _____ SF		PATIO/ENCL. PATIO: _____ SF		BLDG. HEIGHT: _____	
TOTAL OF OTHER FLS: _____ SF		RES. REMODEL: _____ SF		PROPOSED USE: _____	
GARAGE/CARPORT: _____ SF		ALTER/T.I.: _____ SF		PROJECT VALUE: _____	
JOB DESCRIPTION (non-residential projects see reverse side of this application) : _____					
BUILDING OWNER'S NAME:				PHONE NO:	
ADDRESS:		CITY:		STATE:	ZIP:
TENANT'S NAME (Comm/Ind):				PHONE NO:	
CONTRACTOR'S NAME:		STATE CONTR. #:		LICENSE CLASS:	PHONE NO:
ADDRESS:		CITY:		STATE:	ZIP:
WORKERS COMP. POLICY#:	EXP. DATE:	INSURANCE COMPANY:		SANTA ANA BUS. LIC. #:	
ARCHITECT/ENGINEER:		STATE LICENSE #:		PHONE NO:	
ADDRESS:		CITY:		STATE:	ZIP:
CONTACT NAME:			PHONE NUMBER:		
E-MAIL ADDRESS:			FAX NUMBER:		
APPLICANT SIGNATURE:					

## OFFICE USE ONLY:

ACC OR SPC (CIRCLE ONE) \_\_\_\_\_ HRS PER \_\_\_\_\_

OCC. GROUP: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ P/C FEE PD \$ \_\_\_\_\_

TYPE OF CONSTR: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_ SUBMITTAL DATE: \_\_\_\_\_

FIRE SPKR: \_\_\_\_\_ A/C: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

RES. DEV. FEE: \_\_\_\_\_ PRIOR DWELLING UNIT: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY TO YOUR PROJECT

### JOB DESCRIPTION CHECKLIST:

- |  |   |
|--|---|
| <input type="checkbox"/> Additional square footage           | <input type="checkbox"/> Partition walls                      |
| <input type="checkbox"/> Awnings _____ sq. ft.               | <input type="checkbox"/> Rated corridors                      |
| <input type="checkbox"/> Canopy _____sq. ft.                 | <input type="checkbox"/> Rated shafts                         |
| <input type="checkbox"/> Ceiling work                        | <input type="checkbox"/> Roof mounted equipment               |
| <input type="checkbox"/> Change of occupancy (use)           | <input type="checkbox"/> Screening for equipment              |
| <input type="checkbox"/> Disabled accessible (H/C) restrooms | <input type="checkbox"/> Security bars                        |
| <input type="checkbox"/> Dust collector                      | <input type="checkbox"/> Skylights                            |
| <input type="checkbox"/> Elevator shaft                      | <input type="checkbox"/> Stairs                               |
| <input type="checkbox"/> Exterior doors or windows           | <input type="checkbox"/> Storefront/facade improvements       |
| <input type="checkbox"/> Equipment pads                      | <input type="checkbox"/> Storage racks or shelving over 5'-9" |
| <input type="checkbox"/> Interior demo                       | <input type="checkbox"/> Walk-in coolers                      |
| <input type="checkbox"/> Kitchen equipment                   |   |

### ITEMS REQUIRING SEPARATE BUILDING PERMIT APPLICATIONS: (Per Structure or Address)

- ☐ Block wall / Fence
- ☐ Card readers
- ☐ Complete demo
- ☐ Flagpole
- ☐ Light Standards
- ☐ Parking lot repaving / Parking lot restriping  
\_\_\_\_\_# of spaces effected
- ☐ Pedestrian protection
- ☐ Pool/Spa
- ☐ Signs
- ☐ Spray booth / Dust Collector
- ☐ Trash enclosure